

THEORETICAL FOUNDATION OF THE POSITIVE YOUTH DEVELOPMENT (PYD) MODEL

Expectant and parenting youth are at an increased likelihood for hardship and stress. Young parents and families benefit from programming that is based on a positive youth development approach that builds their protective factors and promotes resilience. Research supports the effectiveness of positive youth development strategies in improving academic engagement and achievement,^{1,2} preventing adolescent pregnancies^{3,4} and improving health and wellbeing.¹ The theoretical underpinnings of positive youth development and resilience are derived from the Stages of Change/Transtheoretical Model^{5,6} and the Socio-ecological model.⁷ These provide the theoretical foundation for individuals “negotiating” with their environments to be healthy even in the midst of conditions that are viewed by the larger society as adverse.^{8,9}

Resiliency Framework

Resilience is the “dynamic process encompassing positive adaptation within the context of significant adversity.”¹⁰ Over the course of several decades, researchers have identified factors that predict why some children are able to successfully adapt in the face of high-risk environments/adversity while others are not.⁹ This research has been applied to program intervention efforts, which have further contributed to the identification and categorization of constructs, factors and rational that are essential for resilience-based prevention and education efforts.

¹ Lerner, M. and J. Lerner (2009) “Report of the Findings from the First Six Years of the 4-H Study of Positive Youth Development.”

² Redd, Z., S. Cochran, E. Hair and K. Moore (January 2002) “[Academic Achievement Programs and Youth Development: A Synthesis.](#)”

³ Gloppen, K.M., C. David-Ferdon and J. Bates (2010). “[Confidence as a predictor of sexual and reproductive health outcomes for youth.](#)” J Adolesc Health 46(3 Suppl): S42-58.

⁴ Markham, C.M., D. Lormand, K.M. Gloppen, M.F. Peskin, B. Flores, B. Low and L.D. House (2010). “[Connectedness as a predictor of sexual and reproductive health outcomes for youth.](#)” J Adolesc Health 46(3 Suppl): S23-41.

⁵ Prochaska, J.O. and C.C. DiClemente (1983). “[Stages and processes of self-change of smoking: toward an integrative model of change.](#)” J Consult Clin Psychol 51(3): 390-395.

⁶ Prochaska, J.O., C.C. DiClemente and J.C. Norcross (1992). “[In search of how people change. Applications to addictive behaviors.](#)” Am Psychol 47(9): 1102-1114.

⁷ Green, L.W., L. Richard and L. Potvin (1996). “Ecological foundations of health promotion.” Am J Health Promot 10(4): 270-281.

⁸ Ungar, M. (2004). “A Constructionist Discourse on Resilience: Multiple Contexts, Multiple Realities among At-Risk Children and Youth.” Youth Soc 35(3): 341-365.

⁹ Truebridge, S. (2010). Tell me a story: Influencing educators’ beliefs about student resilience in an effort to enhance student success. Dissertation Mills College.

¹⁰ Luthar, S.S., D. Cicchetti and B. Becker (2000). “The construct of resilience: a critical evaluation and guidelines for future work.” Child Dev 71(3): 543-562.

In the *Resilience in Action* framework, which underlies the AFLP PYD Model, there are three (3) important environmental processes that are necessary to satisfy basic human needs, buffer risk and foster resilience:

- 1) Forming **caring relationships**;
- 2) Maintaining **high expectations**; and
- 3) Providing **opportunities for participation and contribution**.¹¹

These constructs, also known as **protective factors**, are supported by literature for all youth and are identified as promising strategies specifically for expectant and parenting youth.¹²

Protective factors contribute to meeting youths' basic needs and support the development of **resilience strengths**, which include:

- 1) **Problem solving** (planning, resourcefulness, flexibility, critical thinking);
- 2) **Autonomy and a sense of identity** (self-awareness, self-efficacy, positive identity, initiative, adaptive distancing, mindfulness, humor);
- 3) **A sense of purpose** (goal direction, motivation, optimism, hope, creativity, spirituality and sense of meaning); and
- 4) **Social competence** (communication, empathy, responsiveness, compassion and forgiveness).

The premise of this research-based framework is that protective factors help meet youths' basic needs, promote resilience strengths, and result in **improved health, social and academic outcomes**.

The positive youth development approach and resiliency framework provide the foundation for the PYD model. Through implementation of the program, case managers establish protective factors and support expectant and parenting youth in building resilience strengths in all of their interactions with the youth from the time of enrollment through program exit. Through activities, discussions and life planning with youth, case managers help them meet their basic needs, develop their strengths, foster hope for the future, identify opportunities and social support networks, set goals, and learn about caring for themselves and their families.

¹¹ Bernard, B. (2004). *Resiliency: What We Have Learned*. San Francisco, WestEd.

¹² What Works for Pregnant and Parenting Teens Expert Panel Work Group 2012 (January and July 2012) "Promising Strategies and Existing Gaps in Supporting Pregnant and Parenting Teens Summary of Expert Panel Workgroup Meetings."